

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 9 - 9

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.250 through 447.272

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-

b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, page 5 and  
Attachment 4.19-D, Table 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 4.19-D, page 5 and  
Attachment 4.19-D, Table 1

10. SUBJECT OF AMENDMENT:

Long Term Care Rates

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:The Governor's office does not wish to  
review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Services  
Attn: State Plan Coordinator  
714 P Street, Room 1640  
Sacramento, CA 95814

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 13, 2002

18. DATE APPROVED:

May 9, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

- (f) DP/NF level B/pediatric subacute...no bedsize category
- (g) NF level A...1-99 and 100+
- (h) DP/NF level A ...1-99 and 100+
- (i) ICF/DD...1-59, 60+ and 60+ with a distinct part
- (j) ICF/DD-H...4-6 and 7-15
- (k) ICF/DD-N...4-6 and 7-15
- (l) Swing-beds...no bedsize category
- (m) Transitional inpatient care...no bedsize category

4. Geographical location:

- (a) Freestanding NF levels A and B and DP/NF level A:
  - (1) Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, and Sonoma counties.
  - (2) Los Angeles county.
  - (3) All other counties.
- (b) DP/NF level B, freestanding NF level B/subacute and pediatric subacute, DP/NF level B/subacute and pediatric subacute, transitional inpatient care, ICF/DDs, ICF/DD-Hs, and ICF/DD-Ns,...statewide.
- (c) Rural swing-beds...statewide.

J. Special Treatment Program (STP)

For eligible Medi-Cal patients 65 years or older who receive services in an Institution for Mental Disease the STP patch rate will apply. This is a flat add-on rate determined to be the additional cost for facilities to perform these services. STP does not constitute a separate level of care.

II. COST REPORTING

- A. All long term-care facilities participating in the Medi-Cal Program shall maintain, according to generally accepted accounting principles, the uniform accounting systems adopted by the State and shall submit cost reports in the manner approved by the State.
  - 1. Cost reports are due to the State no later than 120 days after the close of each facility's fiscal year (150 days for facilities that are distinct parts of a hospital), in accordance with Medicare and Medi-Cal cost reporting

TN 02-009  
Supersedes  
TN 01-022

Approval Date MAY 9 2002

Effective Date August 1, 2002

**Table 1****LONG TERM CARE (LTC) CLASSES TO BE USED FOR RATE-SETTING PURPOSES**

<u>PATIENT ACUITY LEVELS</u>	<u>ORGANIZATION TYPE</u>	<u>No. of Beds</u>	<u>Geographical Location</u>	<u>Reimbursement Basis</u>
NF LEVEL B (EXCEPT SUBACUTE, PEDIATRIC SUBACUTE, and TRANSITIONAL INPATIENT CARE	-Distinct part NF -Freestanding NF	All 1-59 1-59 1-59 60+ 60+ 60+	Statewide Los Angeles Co. Bay Area** All Other Counties Los Angeles Co. Bay Area** All Other Counties	* Median Median Median Median Median
SUBACUTE: VENTILATOR DEPENDENT	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	* *
NON-VENTILATOR DEPENDENT	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	* *
PEDIATRIC SUBACUTE: VENTILATOR DEPENDENT	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	Model Model
NON-VENTILATOR DEPENDENT	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	Model Model
TRANSITIONAL INPATIENT CARE: REHABILITATIVE	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	Model Model
MEDICAL	-Distinct part NF -Freestanding NF	All All	Statewide Statewide	Model Model
NF LEVEL A	-All	1-99 1-99 1-99 100+	Los Angeles Co. Bay Area** All Other Counties Statewide	Median Median Median ***
ICF/DD	-All	1-59 60+	Statewide Statewide	65th percentile 65th percentile
ICF/DD-Hs and Ns	-All	4-6 7-15	Statewide Statewide	65th percentile 65th percentile
RURAL SWING-BED NF LEVEL B SERVICES	-Rural acute hospitals	All	Statewide	Median

\* DP/NF level Bs and Subacute providers are reimbursed at either the lesser of costs as projected by the Department or the prospective median rate of the LTC class.

\*\* Bay area is defined as San Francisco, San Mateo, Marin, Napa, Alameda, Santa Clara, Contra Costa, and Sonoma counties.

\*\*\* Current rate increased by the same percentage rate as received by other NF level As.

TN 02-009  
Supersedes  
TN 00-018

Approval Date MAY 9 2002

Effective Date August 1, 2002